AccuReview
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[Date notice sent to all parties]: July 4, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient transforaminal epidural steroid injection (ESI) at the right L4-L5 level

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Orthopedic Surgery with over 14 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured on the job on xx/xx/xx. The injury was a result of a direct blow, trip and fall forward, on stairs and twisting.

01-09-15: Transcription. CC: pain to neck and lower back after a fall xx/xx/xx. He complained of back pain, back stiffness, decreased spine range of motion, decreased extension, located low back bilaterally. Exacerbating factors: bending, lifting, standing and walking. Additional HX: mild neck pain (S/P multilevel fusion 6 years ago). Claimant has developed numbness in bilateral ulnar nerve distribution in past 2 weeks. PE: Lumbosacral Spine: Tenderness: left paraspinal and right paraspinal. Flexion: AROM of 90 degrees. Extension: AROM of 20 degrees. Assessment: lumbar sprain 847.2, neck strain 847.0, ulnar neuropathy 354.2. Plan: Start Cyclobenzaprine HCL 10mg, Naproxen Sodium 550mg, therapy referral consultation for evaluation and treatment. Order comments: 2-3 times per week for 3-4 weeks.

01-16-15: Office Visit. CC: back and neck pain. Procedures: Lumbar spine 5 v: Impression: L4-5 disc degeneration with narrowing and anterior osteophyte formation. Assessment: sprain/strain, lumbar 847.2. Prescribed Ultram 50mg.

02-03-15: Initial Evaluation. CC: symptoms of pain in his central lower back which refers to the right buttocks and thigh occasionally. Pain 3/10 at rest, which gets worse with bending, standing and walking. He feels better to sleep in fetal position on his side at night. ROM: there is an increased lumbar lordosis with tenderness in upper lumbar spinous processes. Assessment: No ROM limitation in L/S, decreased muscle strength, lack of appropriate HEP, limited function, tenderness and tightness in soft tissue especially on the right L/S paraspinal muscles, improve sitting and standing posture. Plan: begin PT 2x per week x 3 weeks for to include ther ex 97110, manual therapy 97140, US prn 9705, E-stim prn 97014.

02-23-15: Office Visit. CC: patient was scheduled for MRI today, however began panicking during the procedure d/t claustrophobia; also currently out of medications with current pain 8/10. PE: Musculoskeletal: lumbar paraspinous tenderness. Assessment: sprain/strain, lumbar 847.2. Prescribed Norco 5/325 and refilled cyclobenzaprine 10mg.

02-26-15: MRI Lumbar Spine Without Contrast. Impressions: 1. Multilevel changes of spondylosis are superimposed upon congenital canal narrowing as detailed above. 2. Combined developmental and degenerative canal narrowing is most advanced at the L4-L5 level and is moderate in degree. 3. A medium sized, right far lateral L4-L5 disc herniation probably displaces the exiting right L4 nerve root.

03-09-15: Office Visit. Assessment: 722.10 herniated lumbar disc, 724.4 lumbosacral neuritis, 723.4 neuritis brachial N, location: bilateral. Plan: continue with current medications and follow up 2 weeks after injection. Impression: transforaminal ESI recommended.

03-13-15: UR. Outpatient transforaminal lumbar ESI right L4 and EMG/NCS bilateral upper extremities authorized.

04-20-15: Office Visit. Assessment: 722.10 Herniated lumbar disc, 724.4 lumbosacral neuritis, condition improved, 723.4 neuritis brachial bilateral. Plan: continue with current medications and follow up 2 weeks after injection. CC: back pain. PE: Musculoskeletal: back and neck pain: joint pain, stiffness in joints, neck stiffness, joint swelling. Test and Procedures to be scheduled: 64483 injection R L4, 95886 needle EMG, and 95913 nerve conduction studies L3 or more.

04-23-15: Notice of Utilization Review Findings. Services requested: Outpatient EMG/NCS bilateral upper extremities. Recommendation: The request is withdrawn, as the service was approved on 03/13/15.

05-05-15: UR. Reason for denial: In this case, it is noted that the claimant previously received a right transforaminal L4-L5 epidural steroid injection on 03/30/15 which provided greater than 50 percent improvement. The provider currently requests authorization for another outpatient transforaminal epidural steroid injection at the right L4-L5 level; however, it has only been 5 weeks since the prior injection and guidelines require pain and functional improvement sustained for six to eight weeks to support repeat blocks. Furthermore, it is not clear what current radicular complaints are present which support another injection at this time. Hence, the medical necessity of this request is not established. Non-certification is recommended.

05-07-15: MRI Cervical Spine with and without Contrast. Impression: 1. C4-C5 spondylotic findings causing mild spinal canal stenosis. 2. There are postoperative findings and other minor spondylotic findings described above.

05-08-15: Office Visit. CC: LBP and neck pain. Current medications: Medrol pak, norco 5/325. PE: neurologic: SLR positive on right producing leg pain. Assessment: 722.10 herniated lumbar disc, 724.4 lumbosacral neuritis. Plan: recommend transforaminal ESI.

05-22-15: Office Visit. CC: low back and neck pain. Assessment : 722.10 herniated lumbar disc, 724.4 lumbosacral neuritis, right, 723.4 neuritis brachial, bilateral. Plan: initiate PT for neck, continue medication as discussed, follow up in 2 weeks. PE: Musculoskeletal: Lumbar spine: tenderness off midline only on the right in the paraspinous muscles – moderate. Active ROM. Flexion-full to 75 degrees low back pain, on the right only – moderate. Extension – full to 25 degrees low back pain, on the right only – moderate; radicular pain into the right lower extremity only. + SLR on right. Start Gabapentin 300mg.

06-05-15: UR. Reason for denial: There are no physical findings to support a radiculopathy, the basic indication for an ESI. Therefore the medical necessity of the requested procedure is not established. 06/5/15 peer to peer discussed the lack of physical findings. He stated that there was a radiculitis and not a radiculopathy and bases his level of injection on the pain diagram and the changes on MRI. The MRI report that I have indicates multilevel degenerative changes with more narrowing at L4-5 of moderated degree. There is a disc bulge at that level. There is a possibility but not an observed root displacement. Based on the lack of physical findings there is not support for an ESI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Previous adverse determinations are upheld and agreed with. The claimant does not require a transforaminal epidural steroid injection (ESI) at the right L4-L5 level. The Official Disability Guidelines (ODG) supports epidural injections for patients with radicular symptoms due to a herniated nucleus pulposus identified on an imaging study such as MRI and/or electrodiagnostic testing. This claimant's MRI demonstrates disc space narrowing at L4-5, with "probable" nerve root displacement. It is difficult to recommend an invasive spinal procedure based on

"probable," but not "definite," nerve root pathology. Furthermore, the claimant has no physical findings that correlate with nerve compression at L4-5. He has no documentation of motor weakness, sensory loss, or reflex abnormalities associated with this specific lumbar level. Therefore, after reviewing the medical records and documentation provided, the request for Outpatient transforaminal epidural steroid injection (ESI) at the right L4-L5 level is denied.

Per ODG:

Epidural steroid injections (ESIs), therapeutic	**Criteria for the use of Epidural steroid injections:** *Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.* (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. (4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. (5) No more than two nerve root levels should be injected using transforaminal blocks. (6) No more than one interlaminar level should be injected at one session. (7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007) (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. (9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment. (10) It is currently not recommended to perform epidural blocks on the

	same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. (11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**